

## Electronic Patent Application Fee Transmittal

|   |  |                 |               |                             |
|---|--|-----------------|---------------|-----------------------------|
| <b>Application Number:</b>                  | 10727143   |                 |               |                             |
| <b>Filing Date:</b>                         | 02-Dec-2003  |                 |               |                             |
| <b>Title of Invention:</b>                  | Surgical methods and apparatus for forming lesions in tissue and confirming whether a therapeutic lesion has been formed |                 |               |                             |
| <b>First Named Inventor/Applicant Name:</b> | David K. Swanson   |                 |               |                             |
| <b>Filer:</b>                               | Craig Alan Slavin  |                 |               |                             |
| <b>Attorney Docket Number:</b>              | 015916-301   |                 |               |                             |
| Filed as Large Entity                       |  |                 |               |                             |
| <b>Utility      Filing Fees</b>             |  |                 |               |                             |
| <b>Description</b>                          | <b>Fee Code</b>  | <b>Quantity</b> | <b>Amount</b> | <b>Sub-Total in USD(\$)</b> |
| <b>Basic Filing:</b>                        |  |                 |               |                             |
| <b>Pages:</b>                               |  |                 |               |                             |
| <b>Claims:</b>                              |  |                 |               |                             |
| <b>Miscellaneous-Filing:</b>                |  |                 |               |                             |
| <b>Petition:</b>                            |  |                 |               |                             |
| <b>Patent-Appeals-and-Interference:</b>     |  |                 |               |                             |
| Post-Allowance-and-Post-Issuance:           |  |                 |               |                             |
| <b>Extension-of-Time:</b>                   |  |                 |               |                             |
| Extension - 1 month with \$0 paid           | 1251   | 1               | 120           | 120                         |

| Description       | Fee Code | Quantity | Amount | Sub-Total in USD(\$) |
|-------------------|----------|----------|--------|----------------------|
| Miscellaneous:    |          |          |        |                      |
| Total in USD (\$) |          |          |        | 120                  |